

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

08/555,957

FILING DATE

2/6/96

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	1		1			
2		3		3			52	1		1			
3		3		3			53						
4		3		3			54						
5		3		3			55						
6							56						
7		2		2			57						
8							58						
9							59						
10		1		1			60						
11		1		1			61						
12							62						
13		3		3			63						
14		3		3			64						
15		3		3			65						
16		3		3			66						
17		3		3			67						
18		3		3			68						
19							69						
20		3		3			70						
21		3		3			71						
22		3		3			72						
23							73						
24		3		3			74						
25		3		3			75						
26							76						
27							77						
28		3		3			78						
29		3		3			79						
30							80						
31		1		1			81						
32		1		1			82						
33		1		1			83						
34		3		3			84						
35		3		3			85						
36		3		3			86						
37		3		3			87						
38		3		3			88						
39		3		3			89						
40		3		3			90						
41		3		3			91						
42							92						
43							93						
44							94						
45							95						
46							96						
47	1		1				97						
48	1		1				98						
49	1		1				99						
50	1		1				100						
TOTAL IND.							TOTAL IND.	6		6			
TOTAL DEP.							TOTAL DEP.	82		81			
TOTAL CLAIMS							TOTAL CLAIMS	88		87			